
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

THIRD: ("X" one box only.) The amendment was adopted on (date) _____ as follows:

- ☐ By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast.
- ☐ (If the Articles require more than a majority vote.) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation.
- ☐ By the written consent of all members entitled to vote with respect thereto.
- ☐ (If no members, or none entitled to vote thereon.) By majority vote of the board of directors.

FOURTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

*This document **MUST** be signed by: (13-B MRSA §104.1.B)

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a Vice-President **together with** the **Secretary** or an assistant. secretary, or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members.**

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**